Community Care Coalition (C3) Diabetes Example

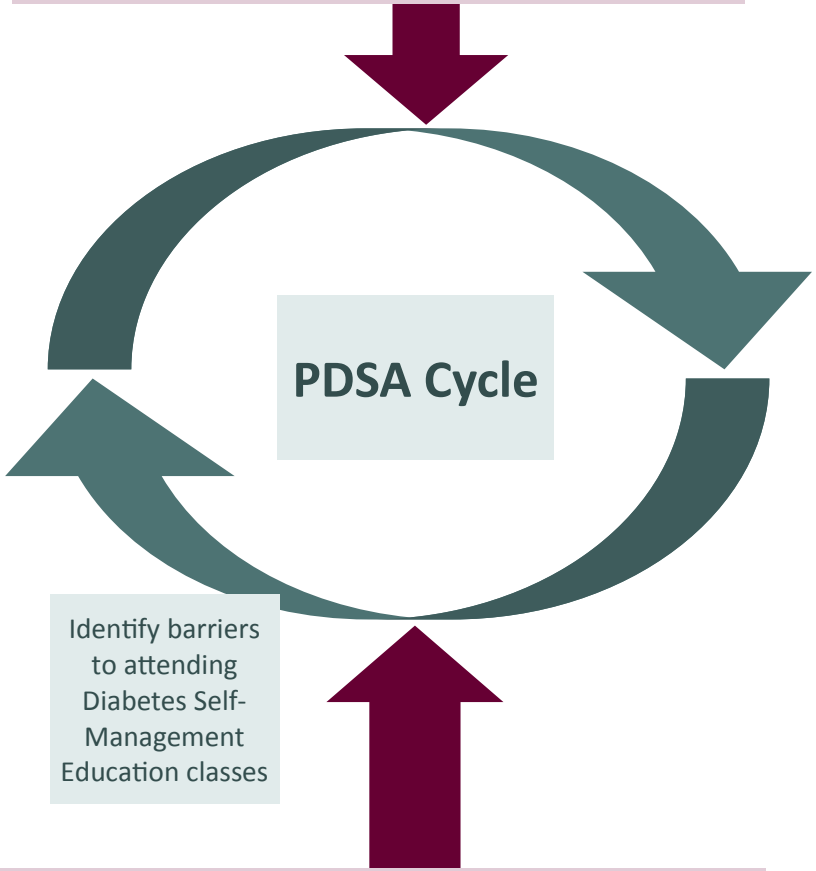
Example of a community-selected intervention from the SIM Diabetes Statewide Strategy Plan

Community Care Coordination

Social Determinants of Health

Referrals will be made; barriers identified and may include lack of access to prescriptions or healthy foods; and resources and referrals may be provided.

Implement process changes based on data analysis. For example, modifications could be made to a referral system to diabetes self-management education program; and/or change the location of the diabetes self-management education course to a community location more accessible to families of low income.



Data will continually be collected by C3 applicant, coalition partners, and IHC to implement community-based performance improvement strategies. Data may include:

* # of referrals
* referral sources
* SWAN data
* Pharmacy data
* NQF measures to include HgbA1C
* VIS data

Implementing Interventions from SIM Statewide Strategy Plans

DIABETES
Community-identified interventions from SIM Diabetes Statewide Strategy Plan

Incorporate standardized glucose testing at annual physical appointments.
Identify barriers within primary care offices to address diabetes screening with patients.
Equip providers to recognize and address social determinants of health. Encourage patient and provider discussions to identify social determinants of health and patient needs impacting care.
Incorporate referrals to community-based services to assist in addressing barriers to care.
Educate providers and consumers about the purpose and locations of diabetes self-management education and training offerings.
Increase provider referral of diagnosed patients to diabetes self-management education and training.

Population-based, Community-applied policy, systems, and environmental change initiatives included in statewide strategy plans to support healthy behaviors and promote sustainability for long-term change. Leverage the work of other concurrent efforts (Healthiest State Initiative, Healthy Iowans plan, Wellmark Blue Zones, etc.) to support local access to healthy foods and built environments to promote active lifestyles.

Specific examples include: improving access to healthy foods at food pantries and food banks; educate on benefits of walkable communities; embed permanent payment structure for diabetes self-management education.